

Fee	Date
Bkgrnd	NPDB
HIV/AIDS	CPR
Verifications	
License number	
Date of Issue	

FOR KBD USE ONLY

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101
 Louisville, KY 40222
 502/429-7280
<http://dentistry.ky.gov>

APPLICATION TO REINSTATE A DENTAL HYGIENE LICENSE

Please print in ink or type your responses. List your name as you want it to appear on your license.

Name _____
Last/Suffix First Middle

Former Name(s) _____ SSN _____

Place of Birth _____ Date of Birth _____ Gender (M/F) _____
mm/dd/yyyy

Home address _____
Number & Street PO Boxes Not Acceptable

_____ City State ZIP KY County Phone #

Intended business address _____
Business Name Number & Street PO Boxes Not Acceptable

_____ City State ZIP KY County Phone #

Preferred mailing address Home Business Other _____

Email address _____ Cell phone number _____

Applying for Reinstatement of licensure

Name of clinical exam _____ Date of exam _____ Location of exam _____

FORMER KY LICENSE NUMBER _____

Other State Licenses

List **all states** in which you have held or presently hold a dental license. Attach an additional sheet if necessary.

State	License #	State	License #
_____	_____	_____	_____
_____	_____	_____	_____

Practice History

Give **all** places of practice since graduation, listing most recent first. Attach an additional sheet if necessary.

Business Name	Address	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

